

General

Title

Bladder cancer: proportion of patients with bladder cancer who undergo primary radical cystectomy where greater than or equal to 10 lymph nodes are resected and pathologically examined.

Source(s)

NHS Scotland, Scottish Cancer Taskforce, National Cancer Quality Steering Group. Bladder cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland; 2016 Jun. 38 p. [19 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the proportion of patients with bladder cancer who undergo primary radical cystectomy where greater than or equal to 10 lymph nodes are resected and pathologically examined.

Note from the National Quality Measures Clearinghouse: This measure is part of the Cancer Quality Performance Indicators (QPIs) collection. For more information, including a complete list of QPI measure sets, please visit the [Healthcare Improvement Scotland Web site](#).

Rationale

Adequate lymph node yield is important for accurate staging.

Evidence suggests that this should be an integral part of cystectomy (Stenzl et al., 2011). It is important that at least the area of the standard node dissection needs to be removed (The Dutch Society for

Urology, 2009).

It is therefore important that a meticulous lymph node dissection is performed to obtain the maximum number of nodes (Scottish Intercollegiate Guidelines Network [SIGN], 2005).

Evidence for Rationale

NHS Scotland, Scottish Cancer Taskforce, National Cancer Quality Steering Group. Bladder cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland; 2016 Jun. 38 p. [19 references]

Scottish Intercollegiate Guidelines Network (SIGN). Management of transitional cell carcinoma of the bladder. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2005 Dec. 45 p. (SIGN publication; no. 85). [161 references]

Stenzl A, Cowan NC, De Santis M, Kuczyk MA, Merseburger AS, Ribal MJ, Sherif A, Witjes JA, European Association of Urology (EAU). Treatment of muscle-invasive and metastatic bladder cancer: update of the EAU guidelines. Eur Urol. 2011 Jun;59(6):1009-18. [PubMed](#)

The Dutch Society for Urology. Bladder carcinoma. Utrecht (The Netherlands): Comprehensive Cancer Centre the Netherlands; 2009 Feb 13. 128 p.

Primary Health Components

Bladder cancer; primary radical cystectomy; lymph node resection; pathological examination

Denominator Description

All patients with bladder cancer who undergo primary radical cystectomy

Numerator Description

Number of patients with bladder cancer who undergo primary radical cystectomy where greater than or equal to 10 lymph nodes are resected and pathologically examined

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

The collection of data is piloted on a small number of patient records using a paper data collection form produced by the Information Services Division (ISD). The aim is to identify any anomalies or difficulties with data collection prior to full implementation. At least one NHS board in each Regional Cancer Network participates in the pilot.

Evidence for Extent of Measure Testing

NHS Scotland. National cancer quality performance indicators: overview of development process. Edinburgh (Scotland): NHS Scotland; 2012 Dec. 7 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Hospital Inpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Unspecified

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

All patients with bladder cancer who undergo primary radical cystectomy

Exclusions

None

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of patients with bladder cancer who undergo primary radical cystectomy where greater than or equal to 10 lymph nodes are resected and pathologically examined

Exclusions

None

Numerator Search Strategy

Fixed time period or point in time

Data Source

Electronic health/medical record

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Prescriptive Standard

Target: 90%

The tolerance within this target accounts for situations where patients are not fit enough to undergo extensive lymphadenectomy.

Evidence for Prescriptive Standard

NHS Scotland, Scottish Cancer Taskforce, National Cancer Quality Steering Group. Bladder cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland; 2016 Jun. 38 p. [19 references]

Identifying Information

Original Title

QPI 6 – lymph node yield.

Measure Collection Name

Cancer Quality Performance Indicators (QPIs)

Measure Set Name

Bladder Cancer

Submitter

NHS Scotland - National Government Agency [Non-U.S.]

Scottish Cancer Taskforce - National Government Agency [Non-U.S.]

Developer

NHS Scotland - National Government Agency [Non-U.S.]

Scottish Cancer Taskforce - National Government Agency [Non-U.S.]

Funding Source(s)

Scottish Government

Composition of the Group that Developed the Measure

Bladder Cancer QPI Development Group

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2016 Jun

Measure Maintenance

The Cancer Quality Performance Indicators (QPIs) will be kept under regular review and be responsive to changes in clinical practice and emerging evidence.

Date of Next Anticipated Revision

2018 Feb

Measure Status

This is the current release of the measure.

Measure Availability

Source document available from the [Healthcare Improvement Scotland Web site](#) .

For more information, contact the Healthcare Improvement Scotland at Gyle Square, 1 South Gyle Crescent, Edinburgh, Scotland EH12 9EB; Phone: 0131 623 4300; E-mail: comments.his@nhs.net; Web site: www.healthcareimprovementscotland.org/ .

Companion Documents

The following is available:

NHS Scotland. National cancer quality performance indicators: overview of development process. Edinburgh (Scotland): NHS Scotland; 2012 Dec. 7 p. This document is available from the [Healthcare Improvement Scotland Web site](#) .

NQMC Status

This NQMC summary was completed by ECRI Institute on May 3, 2017. The information was verified by the measure developer on May 23, 2017.

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Production

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